

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County HowardVillage or City ColumbiaLength of residence in city or town where death occurred 15 yrs.

S-2

Registration Dist. No. 191St. Ward

No out-side

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.

2. FULL NAME

(a) Residence: No. John Crane(Usual place of abode) ColumbiaSt. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male White Single
5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month day and year)

7. AGE About 54 Years — Months — Dey — If LESS than
1 day, — hrs.
or — min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labour
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 12/4/3411. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemetery Date Dec. 27, 1934

19. UNDERTAKER

(Address) Easton Lom(Address) Elliptical City20. FILED Dec. 27, 1934 10:11 P.M. Fished

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 24, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 to , 19

I last saw h. alive on , 19; death is said to have occurred on the date stated above, at , 12 m. Mid-day

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Central Maryland Hospital
(Pasaburg)

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Caleb S. Rogers, Acting Coroner
(Address) Elliptical City, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|---------------|--------------|
| Arteriosclerosis | Date of onset | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

| | | |
|------------|---------------|-------------|
| Gallstones | Date of onset | May 1, 1923 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|---------------|------------|
| Attack of epilepsy | Date of onset | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | | |
|-----------------|---------------|--------|
| Gastroenteritis | Date of onset | 1 year |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12538

1. PLACE OF DEATH

County Howard
Village or City Elmwood

211-6

Registration Dist. No. 1920

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll C. Creeger(a) Residence: No. Thurmont Md. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEvelyn Baker Creeger

6. DATE OF BIRTH (month, day, end year)

Aug. 8 1907

7. AGE

Years 27Months 4Days 13If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.State Police9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Officer10. Date deceased last worked at
this occupation (month and
year) Dec. 23-3411. Total time (years)
spent in this
occupation 3 1/2

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

FATHER

13. NAME Howard Creeger

14. BIRTHPLACE (city or town)

(State or country)

Md.15. MAIDEN NAME Mabel Curran

16. BIRTHPLACE (city or town)

(State or country)

Md.17. INFORMANT Howard Creeger(Address) Elmwood

18. BURIAL, CREMATION, OR REMOVAL

Place Elmwood Date Dec. 26, 193419. UNDERTAKER Hillside & Creeger(Address) Elmwood

20. FILED

Dec. 24, 1934

Alice A. Hobbs, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 23, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19____, to____, 19____

I last saw h. alive on____, 19____; death is said
to have occurred on the date stated above, at 8-311 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Crushed skullMotorcycle accident

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or Homicide Date of injury Dec. 23, 1934Where did injury occur? Elmwood

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On state RoadsManner of injury Fall from motorcycleNature of injury Skull crushed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Police officer Coroner(Signed) John H. Grimes 14(Address) West Friendship Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Howard

82-62

Registration Dist. No.

192

Village or City

Woodstock

St.

Ward

Length of residence in city or town where death occurred

14 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S., if of foreign birth? 50 yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Woodstock

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Strike the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Hansy Blake Davies

6. DATE OF BIRTH (month, day, and year)

June 9, 1859

7. AGE

75

0

6

Days

If LESS than
1 day,
hrs.
or min.

OCCUPATION

03191

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

SAW MILL, BANK, etc.

Marble Setter.

Retired

12. BIRTHPLACE (city or town)

(State or country)

North Wall

British Isle

MOTHER FATHER

13. NAME

David Davies.

British Isle

Unknown

14. BIRTHPLACE (city or town)

(State or country)

North Wall

British Isle

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

Unknown

Unknown

17. INFORMANT

Miss Janet A. Davies.

(Address)

Woodstock

Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Cem.

Date

Dec 18, 1934

19. UNDERTAKER

Easton Sons

Electric City

20. FILED

Dec 17, 1934

E. F. Curry

Sub Reg.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 15

(Month) (Day), (Year)

22. I HEREBY CERTIFY. That I attended deceased from
Dec 13, 1934, to Dec 15, 1934.I last saw him alive on Dec 14, 1934; death is said
to have occurred on the date stated above, at 6:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral hemorrhage

Date of onset

12/13/34

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. E. Martin M. D.

(Address) Randallstown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset | |
|--|---------------|--|
| Arteriosclerosis | 1915 | |
| Chronic interstitial nephritis | 1921 | |
| Cerebral hemorrhage | July 5, 1927 | |
| Other contributory causes of importance: | | |
| Gallstones | May 1, 1923 | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset | |
|--|---------------|--|
| Attack of epilepsy | 1 week ago | |
| Run over by street car | 1 week ago | |
| Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | |
| Gastroenteritis | 1 year | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12539

1. PLACE OF DEATH

County HowardVillage or City Ellisont CityLength of residence in city or town where death occurred 38 yrs.

(131)

Registration Dist. No. 191St.,
WardNo. St Paul 81 St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. St Paul

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Female White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 79 Months 9 Days 18 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 93212. BIRTHPLACE (city or town)
(State or country)13. NAME Dr. William Henry Worthington14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Ellen Dell Cooke16. BIRTHPLACE (city or town)
(State or country)17. INFDRMT (Address) William R. Dorsey

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 11, 193419. UNDERTAKER (Address) Eastern SonsEllisont City20. FILED Dec. 11, 1934 W74 Fissell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 9

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 1, 1934, to Dec. 9, 1934

I last saw him alive on Dec. 9, 1934; death is said
to have occurred on the date stated above, at 11:50 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Wrong Paroxysmal Sept. 1934 1934 1934

Nebriton

Other Contributory Causes of Importance:

Gastric Hemorrhage Nov. 1934

Cardiac Debet

Nema of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None Date NoneWhere did injury occur? None

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury NoneNature of Injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None (Signed) Frank O. Miller M. D.(Address) Ellisont City

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County HowardVillage or City St StephensLength of residence in city or town where death occurred 50 yrs.

107-2

Registration Dist. No.

191

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. _____
mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Charles Frost(a) Residence: No. Etheridge Md (Outside) St. _____ Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

mc

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLilly Frost

6. DATE OF BIRTH (month, day, end year)

June 10, 1854

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8060

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.Labour9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)12-1-3411. Total time (years)
spent in this
occupation Life

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME Charles Howard

14. BIRTHPLACE (city or town)

(State or country)

Md.15. MAIDEN NAME Mary Frost

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFDRMT

(Address)

Lilly Frost
Cleridge Md.Date 12-13, 1934

18. BURIAL, CREMATION, OR REMOVAL

Place St Stephens

19. UNDERTAKER

(Address)

Charles Frost
Cleridge Md.

20. FILED

(Address)

Dec 12, 1934 W. W. Fossell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

12
(Month)10
(Day)1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19. to

19.

I last saw h. alive on 1934; death is said
to have occurred on the date stated above.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Bronchial Pneumonia
preceded by a heavy bronchial cold.

12-6-34

Other Contributory Causes of importance:

Not a complication or sequelae of any infec-
tional disease.

Name of operation _____

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Nelson O. Lilly Acting Coroner
(Address) Cleridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED JAN 11 | Date of onset |
|--------------------------------|--------------------|---------------|
| | | 1915 |
| Chronic interstitial nephritis | | 1921 |

| Cerebral hemorrhage | RECEIVED JAN 11 | Date of onset |
|---------------------|--------------------|---------------|
| | | July 5, 1927 |

| Other contributory causes of importance: | Date of onset | Other contributory causes of importance: | Date of onset |
|--|---------------|--|---------------|
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12540

1. PLACE OF DEATH

County Frederick Co.
Village or City Frederick, Md.

(131)

Registration Dist. No. 195Length of residence in city or town where death occurred 1 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs.St. 195 Ward. 1952. FULL NAME Joseph T. Gill(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> |
|--------------------|-------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bridie G. Gill.

| | | | | |
|--|---------------------------|-----------------|----------------|--|
| 6. DATE OF BIRTH (month, day, and year) <u>1864</u> | 7. AGE Years <u>70</u> | Months <u>6</u> | Days <u>16</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|--|---------------------------|-----------------|----------------|--|

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Hand spinner</u> | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Cotton Mill</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>1934</u> | 11. Total time (years) spent in this occupation <u>10 years</u> |

12. BIRTHPLACE (city or town)
(State or country) Frederick, Maryland13. NAME John Gill14. BIRTHPLACE (city or town)
(State or country) Frederick, Maryland15. MARRIED NAME John Gill16. BIRTHPLACE (city or town)
(State or country) Frederick, Maryland17. INFORMANT Bridie G. Gill.
(Address) Frederick, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Maryland Date Dec. 10, 193419. UNDERTAKER Bartell & Baldwin
(Address) Frederick, Maryland20. FILED 1/11/34 Frank Shiffey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 10, 1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Dec. 1, 1934, to Dec. 10, 1934I last saw him alive on Dec. 10, 1934; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myopathy
Intussusception
Acute abdomen
Chronic interstitial nephritis Duration: one year

Other Contributory Causes of importance: Cardio

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frank Shiffey M. D.(Address) Frederick, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12542

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Howard
near Elbridge

73-21

Registration Dist. No.

190

Village or City

No. Harvey St., Ward

Length of residence in city or town where death occurred 19 yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. Kirk

(a) Residence: No.

near Elbridge

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

W.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of

Loretta Kirk

6. DATE OF BIRTH (month, day, and year)

July 6th 1870

64

5

3

If LESS than
1 day, _____ hrs.
or _____ min.

7. OCCUPATION

Boiler-maker

8. 8/19/34

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Data deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 2912. BIRTHPLACE (city or town)
(State or country)

Nottingham

England

13. NAME

Henry J. Kirk

14. BIRTHPLACE (city or town)
(State or country)

England

15. MAIDEN NAME

Elizabeth Spivey

16. BIRTHPLACE (city or town)
(State or country)

England

17. INFORMANT

Mrs. Loretta Kirk

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cemetery

Date 12/12/34

19. UNDERTAKER

Easton Sons

(Address)

Elkridge, Md.

20. FILED Dec 10 1934 M. D. Savage, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 9th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 20th 1934 to Dec. 9th 1934I last saw him alive on Dec. 9th 1934; death is said

to have occurred on the date stated above, at 11:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows: Ac. Myocarditis Date of onset 9/20/34

Other Contributory Causes of importance

Arterio-sclerosis

3

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Max Shapley M. D.
(Address) Savage, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|---------------------------------------|---------------------|
| <u>Arteriosclerosis</u> | <u>1915</u> |
| <u>Chronic interstitial nephritis</u> | <u>1921</u> |
| <u>Cerebral hemorrhage</u> | <u>July 5, 1927</u> |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <u>Gallstones</u> | <u>May 1, 1923</u> |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|-------------------------------|-------------------|
| <u>Attack of epilepsy</u> | <u>1 week ago</u> |
| <u>Run over by street car</u> | <u>1 week ago</u> |
| <u>Peritonitis</u> | <u>3 days ago</u> |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <u>Gastroenteritis</u> | <u>1 year</u> |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12543

X

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County WayardVillage or City SimpsonvilleLength of residence in city or town where death occurred 1 yrs.

B6a

Registration Dist. No. 194

194

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. If of foreign birth? mos. ds.2. FULL NAME Henry A. Kralick(a) Residence: No. Clarksville Md
(Usual place of abode)St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|-------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u> (write the word) |
|----------------------|-------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharles Kralick6. DATE OF BIRTH (month, day, and year) Mar. 18 1872

| | | | |
|------------------------|-----------------|----------------|--|
| 7. AGE <u>62</u> Years | Months <u>8</u> | Days <u>23</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|-----------------|----------------|--|

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>Hausfrau</u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Henry E. Gaffen14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Sophie Balmick16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Anita Kralick
(Address) Clarksville Md18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 14 193419. UNDERTAKER Easton for S. A. Nichols
(Address) Elk City Md20. FILED Dec 12, 1934 S. A. Nichols
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 11

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to Dec 11, 1934.
Last saw her alive on Dec 11, 1934; death is saidto have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypostatic Pneumonia due to weakness and prostration
Patient was walking across room, when she fell, fracturing surgical neck of femur.
Cause

Other Contributory Causes of importance

Paroxysms Agitation & Fracture
Lig. 5 mo.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1934

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Accidental fallNature of Injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Nichols M. D.
(Address) Clarksville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12544

1. PLACE OF DEATH

County HowardVillage or City Rockland, Md.Length of residence in city or town where death occurred 10 yrs.

23

Registration Dist. No. 191

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. _____

2. FULL NAME Eliese Francis Mitchell (Frank Mitchell)(a) Residence: No. Ellwood City, Md. (Autodes) St. _____ Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec. 23, 18947. AGE 37 Years 11 Months 17 Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Painter9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Painting10. Date deceased last worked at
this occupation (month and
year) 12-6-3411. Total time (years) 75
spent in this
occupation years12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Eliese N. Mitchell14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Eliese Walker16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Mrs. Eliese Walker Mitchell
(Address) Ellwood City, Md.18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem. Date 12-13, 193419. UNDERTAKER J. C. Kigamboni
(Address) Ellwood City, Md.20. FILED Dec 12, 1934 1014 Finsell
Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

12 (Month) 10 (Day), 1934 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec. 10, 1934 to Dec. 10, 1934
I last saw her alive on Dec. 10, 1934, death is said
to have occurred on the date stated above, at 7:10 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Hemorrhage of
right lung
Dec. 10, 1934

Date of onset

Other Contributory Causes of Importance:

Pulmonary tuberculosis 1930

Data of

Name of operation _____ Was there an autopsy?

What test confirmed diagnosis? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. C. Kigamboni M. D.
(Address) Ellwood City, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|--------------|
| Gallstones | May 15, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

12545

1. PLACE OF DEATH

County HowardVillage or City Mayfield

185

Registration Dist. No. 192

St.

Ward

Length of residence in city, or town where death occurred

13 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word) |
|--------------------|-------------------------------|--|

| | |
|--|-----------------------|
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | <u>Alma D. Phelps</u> |
|--|-----------------------|

| | |
|---|---------------------|
| 6. DATE OF BIRTH (month, day, and year) | <u>July 6, 1854</u> |
|---|---------------------|

| | | | | |
|------------------|-------|-----------------|----------------|--|
| 7. AGE <u>80</u> | Years | Months <u>4</u> | Days <u>27</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------|-------|-----------------|----------------|--|

| | |
|---|----------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>Glazier</u> |
|---|----------------|

| | |
|--|----------------|
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | <u>Unknown</u> |
|--|----------------|

| | | | |
|---|-------------|---|-----------|
| 10. Date deceased last worked at this occupation (month and year) | <u>1914</u> | 11. Total time (years) spent in this occupation | <u>72</u> |
|---|-------------|---|-----------|

| | |
|---|------------------|
| 12. BIRTHPLACE (city or town) (State or country) | <u>Howard Co</u> |
|---|------------------|

| | |
|----------|------------------|
| 13. NAME | <u>Mary Lang</u> |
|----------|------------------|

| | |
|---|----------------|
| 14. BIRTHPLACE (city or town) (State or country) | <u>Unknown</u> |
|---|----------------|

| | |
|-----------------|----------------|
| 15. MAIDEN NAME | <u>Unknown</u> |
|-----------------|----------------|

| | |
|---|----------------|
| 16. BIRTHPLACE (city or town) (State or country) | <u>Unknown</u> |
|---|----------------|

| | |
|----------------------------|-----------------------------|
| 17. INFORMANT (Address) | <u>Mrs. Emilie P. Wolfe</u> |
|----------------------------|-----------------------------|

| | |
|--|--------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Peter's Cemetery</u> | Date <u>Dec. 6, 1934</u> |
|--|--------------------------|

| | |
|-----------------------------|--------------------|
| 19. UNDERTAKER (Address) | <u>Easton Sons</u> |
|-----------------------------|--------------------|

| | |
|---------------------------------------|---------------------------|
| 20. FILED Date <u>Dec. 4, 1934</u> | Name <u>Alice M. Ebel</u> |
|---------------------------------------|---------------------------|

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 3

(Month)

(Day)

1934

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Dec. 1, 1934 to Dec. 3, 1934I last saw him alive on Dec. 3, 1934; death is said to have occurred on the date stated above, at 7:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Information of age

Other Contributory Causes of importance:
Loss of blood from accident
1. arm in scar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 1, 1934

Where did injury occur? At home

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

None

Manner of Injury: Cut on fore arm

Nature of injury: Arm was injured by saw

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. F. Nichols M. D.

(Address) Charlottesville, Va.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|---|-------------|-----------------------|
| Arteriosclerosis | RECEIVED | Date of onset 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| | DEC 17 1934 | |
| Other contributory causes of importance. S. | | |
| Gallstones | | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|--|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12546

1. PLACE OF DEATH

County

Howard

Village or City

Albertson

131

Registration Dist. No.

191

St.

Ward

Length of residence in city or town where death occurred

19 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Pitcher

(a) Residence: No.

Albertson, Md.

St.

Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

November 8, 1915

7. AGE

Years

19

Months

—

Days

30

If LESS than

1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Albertson

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

at home

10. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town)

(State or country)

Albertson, Md.

MOTHER

FATHER

13. NAME

Cephas Pitcher

14. BIRTHPLACE (city or town)

(State or country)

Virginia

15. MAIDEN NAME

Ethel Burns

16. BIRTHPLACE (city or town)

(State or country)

Hollyfield, Md.

17. INFORMANT

(Address)

Father Cephas Pitcher
Albertson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn Shepherd Cem. Data 12-10, 1934

19. UNDERTAKER

(Address)

Eaton Sons
Elmwood City, Md.

20. FILED

Date

Dec 10, 1934 W. T. Fissell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 7, 1934

(Day)

1934

(Month)

22. I HEREBY CERTIFY. That I attended deceased from

November 1, 1934, to Dec 7, 1934; death is said

I last saw deceased alive on December 7, 1934; death is said

to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
(Principal) Chronic Endocarditis

Date of onset

Chronic Nephritis

1924

Subacute Bacterial Endocarditis

1937

2 days ago

Other Contributory Causes of Importance:

Anti-Alimentary Fluid

1921

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signatures)

John A. Kochman
(Address) Elmwood City, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

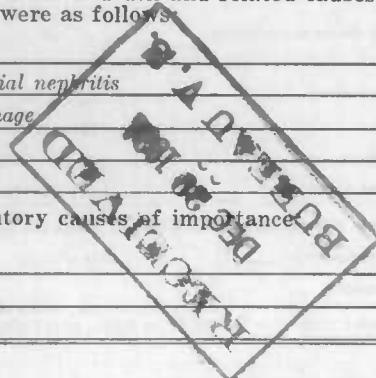
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Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |



Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12548

1. PLACE OF DEATH

County HowardVillage or City Colverville near Laurel

⑧

Registration Dist. No. 195

195

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Elmer F. Williams(a) Residence: No. ColvervilleSt. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE Black5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofUnmarried6. DATE OF BIRTH (month, day, and year) Dec 23 1934

7. AGE

| | | | |
|------------------------|--------|------|--|
| Years <u>Stillborn</u> | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|--------|------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) Colverville

13. NAME

Elmer F. Williams

14. BIRTHPLACE (city or town)

(State or country) Colverville

15. MAIDEN NAME

Elmer F. Williams

16. BIRTHPLACE (city or town)

(State or country) Colverville

near Laurel Md

17. INFORMANT

(Address) Mother above

18. BURIAL, CREMATION, OR REMOVAL

Place Colverville Howard Date Dec 23 1934

19. UNDERTAKER

(Address) Elmer F. Williams

deceased Dec

20. FILED 12/23/34, 19_____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 23

(Month)

23 (Day)

1934 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 23 1934 to Dec 23 1934I last saw h. alive on Dec 23, 1934; death is saidto have occurred on the date stated above, at 3 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillbirth—cause unknown1 month gestation

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert J. McGeary M. D.(Address) Jameson Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|------------|------------|
| Attack of epilepsy | RECEIVED | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | JAN 3 1928 | 3 days ago |

RECEIVED

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
